

TO: US EPA - Region II
Air Compliance Branch
290 Broadway, 21st Floor
New York, NY 10007-1866

PROJECT: 16- 679-
Environmental Remediation Abatement at 3625
Highland Avenue

RE: Bldg#2 EPA Notification

We are sending the following:

ITEM#	DOCUMENT	COPIES	STATUS	REMARKS
1	EPA Notification	2	Sent	
2	Self-addressed Envelope	1	Sent	

Submitted For:

- ☒ Approval
- ☒ Your Use
- ☐ As Requested
- ☐ Review & Comment
- ☐ Document Request

Action Taken:

- ☐ Approved As Submitted
- ☐ Approved As Noted
- ☐ Return After Loan
- ☐ Resubmit
- ☐ Submit
- ☐ Returned
- ☐ Returned For Corrections

Additional Notes:

Copy To:

Tammy Sparks
Project Coordinator

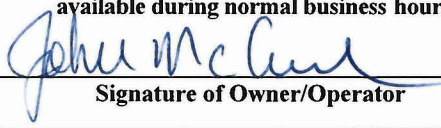

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project # 16-679	Postmark	Date Received	Notification #																												
I. Type of Notification (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled																															
II. Facility Description Building Name: <u>Building #2 Former Union Carbide Office Complex</u> Address: <u>3625 Highland Ave</u> City: <u>Niagara Falls</u> State: <u>NY</u> Zip Code: <u>14305</u> County: <u>Niagara</u> Site Location: <u>Building #2</u> Building Size (square feet): <u>7498</u> # of Floors: <u>2</u> Age in Years: <u>60+/-</u> Present Use: <u>Vacant</u> Prior Use: <u>office</u>																															
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training																															
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																															
V. Facility Information Owner Name: <u>City of Niagara Falls</u> Address: <u>745 Main Street</u> City: <u>Niagara Falls</u> State: <u>New York</u> Zip Code: <u>14302-0069</u> Contact: <u>Mike Desantis</u> Telephone: <u>(716) 286-4410</u> Fax: <u>(716) 286-4348</u> Removal Contractor Name: <u>Mark Cerrone, Inc. #29422</u> Address: <u>PO Box 3009</u> City: <u>Niagara Falls</u> State: <u>NY</u> Zip Code: <u>14304</u> Contact: <u>John McCune</u> Telephone: <u>(716) 282-5244</u> Fax: <u>(716) 282-5245</u> Other Operator (demolition/general): _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____																															
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: Complete building inspection. Bulk Sampling per ELAP protocols performed by LaBella Associates.																															
VII. Approximate Amount of Asbestos Materials: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">RACM to be Removed</th> <th colspan="2">Non-friable Asbestos Material to be Removed</th> <th colspan="2">Non-friable Asbestos Material NOT to be Removed</th> </tr> <tr> <th>Category I</th> <th>Category II</th> <th>Category I</th> <th>Category II</th> </tr> </thead> <tbody> <tr> <td>Pipes (linear feet)</td> <td></td> <td>375</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surface Area (square feet)</td> <td></td> <td></td> <td>1225</td> <td></td> <td></td> </tr> <tr> <td>Facility Components (cubic feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		Category I	Category II	Category I	Category II	Pipes (linear feet)		375				Surface Area (square feet)			1225			Facility Components (cubic feet)					
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VIII. Scheduled Dates Demolition or Renovation: Start: _____ Complete: _____																															
IX. Dates for Asbestos Removal (MM/DD/YY) Start: <u>10/17/16</u> Complete: <u>10/17/17</u> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td>Days of the Week:</td> <td>Monday</td> <td>Tuesday</td> <td>Wednesday</td> <td>Thursday</td> <td>Friday</td> <td>Saturday</td> <td>Sunday</td> </tr> <tr> <td>Hours of Operation:</td> <td>6am-12am</td> <td>6am-12am</td> <td>6am-12am</td> <td>6am-12am</td> <td>6am-12am</td> <td></td> <td></td> </tr> </table>				Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Hours of Operation:	6am-12am	6am-12am	6am-12am	6am-12am	6am-12am														
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U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:	Wet Methods		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:	HEPA Vacuum, Respirators, Decon, Negative Pressure Enclosures. Removal by wet methods only, using amended water.		
XII.	Waste Transporter #1	Name: <u>Mark Cerrone, Inc</u> Address: <u>PO Box 3009</u> City: <u>Niagara Falls</u> State: <u>New York</u> Zip Code: <u>14304</u> Contact: <u>John McCune</u> Telephone: <u>(716)282-5244</u>		
	Waste Transporter #2	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIII.	Waste Disposal	Name: <u>Allied Waste</u> Address: <u>5600 Niagara Falls Blvd.</u> City: <u>Niagara Falls</u> State: <u>New York</u> Zip Code: <u>14304</u> Contact: <u>David Hanson</u> Telephone: <u>(716) 285-3344</u>		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)	NA		
	1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____			
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)	NA		
	1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.			
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.	Notify owner, regulate area, test suspected material, clean up accordingly. Performed by LaBella Associates		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.			
	 _____ Signature of Owner/Operator	10/03/16 _____ Date	John McCune, Project Manager _____ Type or Print Name and Title	
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.			
	 _____ Signature of Owner/Operator	10/03/16 _____ Date	John McCune, Project Manager _____ Type or Print Name and Title	